

BOPUK 531.01 *
PAGE 001 *

INMATE HISTORY
WRK DETAIL

* 09-08-2006
* 07:44:54

REG NO.: 17110-016 NAME....: HILL, KENNY
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
PET	ORD CAR H	ORD CAR H	04-17-2006 0001	CURRENT
PET	VACATION	ALL VACATIONS	04-11-2006 0001	04-17-2006 0001
PET	ORD CAR H	ORD CAR H	01-18-2005 0001	04-11-2006 0001
PET	ORD EDUC	EDUCATION ORDERLY	09-29-2004 0001	01-18-2005 0001
PET	UNASSG	UNASSIGNED WORK DETAIL	09-27-2004 1552	09-29-2004 0001
PET	A/O	NEEDS A/O PROCESSING	08-27-2004 1239	09-27-2004 1552
PEM	UNASSG	UNASSG	08-25-2004 1447	08-27-2004 1216
PHL	UNASSG	UNASSG	08-23-2004 1658	08-25-2004 0650
LEW	UNASSG	UNASSIGNED WORK DETAIL	08-20-2004 1429	08-23-2004 0927
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	04-17-2004 0001	08-20-2004 1045
MCK	VACATION	VACATION	04-16-2004 0001	04-17-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-25-2004 0001	04-16-2004 0001
MCK	VACATION	VACATION	03-24-2004 0001	03-25-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-13-2004 0001	03-24-2004 0001
MCK	VACATION	VACATION	03-12-2004 0001	03-13-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-14-2004 0001	03-12-2004 0001
MCK	VACATION	VACATION	02-13-2004 0001	02-14-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	01-21-2004 0001	02-13-2004 0001
MCK	VACATION	VACATION	01-20-2004 0001	01-21-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	11-29-2003 0001	01-20-2004 0001
MCK	VACATION	VACATION	11-26-2003 0001	11-29-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	10-24-2003 0001	11-26-2003 0001
MCK	VACATION	VACATION	10-23-2003 0001	10-24-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	09-16-2003 0001	10-23-2003 0001
MCK	VACATION	VACATION	09-15-2003 0001	09-16-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-19-2003 0001	09-15-2003 0001
MCK	VACATION	VACATION	07-17-2003 0001	07-19-2003 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	04-17-2003 0001	07-17-2003 0001
MCK	VACATION	VACATION	04-14-2003 0001	04-17-2003 0001

MCK	I LAYUP 2	3:00 PM TO 11:00 PM	12-21-2002	0001	04-14-2003	0001
MCK	VACATION	VACATION	12-20-2002	0001	12-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	10-12-2002	0001	12-20-2002	0001
MCK	VACATION	VACATION	10-10-2002	0001	10-12-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	08-19-2002	0001	10-10-2002	0001
MCK	UNASSG	UNASSIGNED	08-15-2002	1125	08-19-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	08-12-2002	1657	08-15-2002	1125
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	06-21-2002	0001	08-12-2002	1657
MCK	VACATION	VACATION	06-17-2002	0001	06-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	05-08-2002	0001	06-17-2002	0001
MCK	UNASSG	UNASSIGNED	04-29-2002	0754	05-08-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	04-07-2002	1917	04-29-2002	0754

G0002 MORE PAGES TO FOLLOW . . .

BOPUK 531.01 *	INMATE HISTORY	*	09-08-2006
PAGE 002 OF 002 *	WRK DETAIL	*	07:44:54

REG NO.: 17110-016 NAME....: HILL, KENNY
 CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT DESCRIPTION	START DATE/TIME	STOP	DATE/TIME
MCK	I LAYUP 2 3:00 PM TO 11:00 PM	02-16-2002 0001	04-07-2002	1917
MCK	VACATION VACATION	02-14-2002 0001	02-16-2002	0001
MCK	I LAYUP 2 3:00 PM TO 11:00 PM	08-25-2001 0001	02-14-2002	0001
MCK	VACATION VACATION	08-24-2001 0001	08-25-2001	0001
MCK	I LAYUP 2 3:00 PM TO 11:00 PM	07-05-2001 0001	08-24-2001	0001
MCK	I PACK 1 PACKING 1	06-19-2001 0001	07-05-2001	0001
MCK	ORD B A ORDERLY BA	04-12-2001 0001	06-19-2001	0001
MCK	UNASSG UNASSIGNED	04-11-2001 0001	04-12-2001	0001

LAYER 2

TERMINATION

TRANSFER

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report☒

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

☒2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26
Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26
Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26☒3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19
Enter 3 For Completion, Complete Items 4 - 6, 19
Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22

4. Register Number

17110-016

5. Resident Name (Last, First, Middle)

HICHL, JENNIFER

6. Institution Code

231

Action RecommendedFrom:

7. Job Number	8. Grade 1-4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
012	4	HICPT	1	769687054	WOODWORK BUCKBOARD

1 = Hourly
2 = G.P.W.
3 = P.W.
X = ApprenticeTo:

13. Job Number	14. Grade 1-4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title

19. Effective Date
Month, Day, Year

08-20-04

20. Time Of Action

0710

21. Check One: AM PM

X

☒**22. Reason For Termination Of Employment Or Withdrawal**1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs☒**23. Continuation of Longevity Status**

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By _____ Foreman Date: _____

Approved By _____ Plant Superintendent Date: _____

Approved By _____ Ass't Supt. Or Business Mgr. Date: _____

Entered On Payroll Records _____ Timekeeper Date: _____

PACKING

NEW HIRE

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report

3 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3

1 2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26
Enter 2 For Change In Employment Status, Complete Items 4-21, and 26
Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26

2 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19
Enter 3 For Completion, Complete Items 4-6, 19
Enter 4 For Withdrawal, Complete Items 4-6, 19, 22

4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
17110-016 HILL, KENNY 231

Action RecommendedFrom:

7. Job Number 8. Grade 1 - 4 9. Industry Code 10. Wage Plan 11. Dot Code 12. Position Title
012 4 MCFT 1 7696879054 WD WRK SHOPHAND

1 = Hourly
2 = G.P.W.
3 = P.W.
X = Apprentice

To:

13. Job Number 14. Grade 1 - 4 15. Industry Code 16. Wage Plan 17. Dot Code 18. Position Title
01 01 0710

19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM
06-19-01 0710 X

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

0710 24. Date Of Enrollment Month, Day, Year

0710 25. Total Inmate Hours Involved

26. Signatures:

Recommended By [Signature] Foreman

Date: 6/27/01

Approved By [Signature] Plant Superintendent

Date: 6/27/01

Approved By [Signature] Ass't Supt. Or Business Mgr.

Date: 6/27/01

Entered On Payroll Records [Signature] Timekeeper

Date: 6/27/01

FACTORY RULES AND REGULATIONS

NAME Kenny Hill UNIT BA-235-L LOCKER# _____ CHIT# _____

1. INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
5. INMATES WILL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPERVISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO, OR TAKING UNAUTHORIZED ITEMS OUT OF, UNICOR.
13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Signature: Kenny Hill Register No: 17110-016 Date: 6-19-01

FEDERAL PRISON INDUSTRIES, Inc.

UNICOR - McKEAN

P.O. BOX 8000

Phone #(814) 362-8900

Fax #(814) 362-4151

MEMORANDUM

DATE: September 30, 1999

REPLY TO:
ATTN OF Martin Sapko, Factory Manager.

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on 6/19/01,
and I agree to the above conditions.

Signature: Kenny Hill

Name: KENNY HILL

Reg. Number: 17110-016

Production Worker's Training Record

(CHECKLIST)
for

Inmate Name

Kenny Hill

Reg. Number

17110-016

- ☒ 1.) I have had a department orientation by my department supervisor.
- ☒ 2.) I have read and understand the Factory Rules and Safety Regulations.
- ☒ 3.) I have read and understand the department procedures for my assigned area.
- ☒ 4.) I have participated in the 3 credit hrs., Industrial Familiarization Class.
- ☒ 5.) I have had on the job training with an experienced production worker.
- ☒ 6.) I have read and understand my Job Description.
- ☒ 7.) I have been instructed on the MSDS center in the Unicor Factory.
- ☒ 8.) I have familiarized myself with ISO-9001-2000 standards, Unicor McKean's Q.M.S., and the role I play in the system.

Kenny Hill #17110-016
Inmate Signature & Reg. Number

6-23-03
Date

MB
Woodworking Supervisor Signature

6/23/03
Date

TITLE: TRAINING RECORD	CONTROL NO. 1403	DATE: 6/11/03
Production - UNICOR MCKEAN	REV: Original Issue	SHEET 1 OF 1

**UNICOR McKean
Federal Prison Industries, Inc.
Federal Correctional Institution
McKean, Pa. 16701**

JOB DESCRIPTION REPORT

Inmate's Name: Kenny Hill Register Number: 17110-016
Institution Code: 231 Industry Code: MCFT

Job Description: Woodwork Shophand Department: Packing

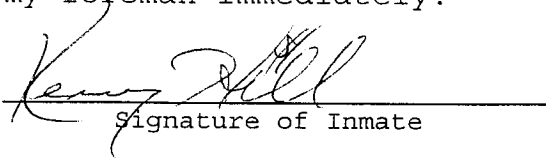
Duties: Responsible for stacking, cushioning and wrapping product. Secures load with steel strapping. Responsible for visually inspecting all materials being packed for surface defects or blemishes. All other duties as assigned in UNICOR.

I have instructed inmate Kenny Hill Reg. No. 17110-016
in the proper procedures in which to implement his assigned work detail, which
includes standard maintenance, safety procedures, and routine use.


Foreman

7/17/01
Date

I have received proper instruction on how to implement my job assignment. If I
have any problem with implementing my assigned job, I am instructed to contact
my foreman immediately.


Signature of Inmate

17110-016
Register Number

7-17-01
Date

MCK2G 531.01 * INMATE HISTORY * 08-30-2006
 PAGE 001 * WRK DETAIL * 14:59:09

REG NO.: 17110-016 NAME: HILL, KENNY
 CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
PET	ORD CAR H	ORD CAR H	04-17-2006 0001	CURRENT
PET	VACATION	ALL VACATIONS	04-11-2006 0001	04-17-2006 0001
PET	ORD CAR H	ORD CAR H	01-18-2005 0001	04-11-2006 0001
PET	ORD EDUC	EDUCATION ORDERLY	09-29-2004 0001	01-18-2005 0001
PET	UNASSG	UNASSIGNED WORK DETAIL	09-27-2004 1552	09-29-2004 0001
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MCK	VACATION	VACATION	03-24-2004 0001	03-25-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	03-13-2004 0001	03-24-2004 0001
MCK	VACATION	VACATION	03-12-2004 0001	03-13-2004 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	02-14-2004 0001	03-12-2004 0001
MCK	VACATION	VACATION	02-13-2004 0001	02-14-2004 0001
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MCK	VACATION	VACATION	10-10-2002 0001	10-12-2002 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	08-19-2002 0001	10-10-2002 0001
MCK	UNASSG	UNASSIGNED	08-15-2002 1125	08-19-2002 0001
MCK	SHU UNASSG	SHU UNASSIGNED	08-12-2002 1657	08-15-2002 1125
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	06-21-2002 0001	08-12-2002 1657
MCK	VACATION	VACATION	06-17-2002 0001	06-21-2002 0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	05-08-2002 0001	06-17-2002 0001
MCK	UNASSG	UNASSIGNED	04-29-2002 0754	05-08-2002 0001
MCK	SHU UNASSG	SHU UNASSIGNED	04-07-2002 1917	04-29-2002 0754

G0002 MORE PAGES TO FOLLOW . . .

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 PAGE 002 OF 002 * WRK DETAIL * 14:59:09

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MCK	VACATION	VACATION	08-24-2001 0001	08-25-2001	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	07-05-2001 0001	08-24-2001	0001
MCK	I PACK 1	PACKING 1	06-19-2001 0001	07-05-2001	0001
MCK	ORD B A	ORDERLY BA	04-12-2001 0001	06-19-2001	0001
MCK	UNASSG	UNASSIGNED	04-11-2001 0001	04-12-2001	0001
MCK	A&O	ADMISSION & ORIENTATION	04-06-2001 0845	04-11-2001	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	04-02-2001 1905	04-06-2001	0603
OKL	UNASSG	UNASSIGNED HOLDOVER	03-28-2001 1715	04-02-2001	0810
THA	IND FIN PM	INDUSTRIES FINISH P.M.	11-06-2000 0001	03-28-2001	0800
THA	IND FINISH	INDUSTRIES FINISH	09-22-2000 0001	11-06-2000	0001
THA	ORD C	ORD	08-04-2000 0001	09-22-2000	0001
THA	UNASSG	UNASSIGNED WORK DETAIL	07-06-2000 1000	08-04-2000	0001
OKL	UNASSG	UNASSIGNED HOLDOVER	07-03-2000 1640	07-06-2000	0710

MCK	UNASSG	UNASSIGNED	08-15-2002	1125	08-19-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	08-12-2002	1657	08-15-2002	1125
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	06-21-2002	0001	08-12-2002	1657
MCK	VACATION	VACATION	06-17-2002	0001	06-21-2002	0001
MCK	I LAYUP 2	3:00 PM TO 11:00 PM	05-08-2002	0001	06-17-2002	0001
MCK	UNASSG	UNASSIGNED	04-29-2002	0754	05-08-2002	0001
MCK	SHU UNASSG	SHU UNASSIGNED	04-07-2002	1917	04-29-2002	0754

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MCK	I LAYUP 2 3:00 PM TO 11:00 PM	02-16-2002 0001	04-07-2002 1917
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MCK	I LAYUP 2 3:00 PM TO 11:00 PM	08-25-2001 0001	02-14-2002 0001
MCK	VACATION VACATION	08-24-2001 0001	08-25-2001 0001
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MCK	UNASSG UNASSIGNED	04-11-2001 0001	04-12-2001 0001
MCK	A&O ADMISSION & ORIENTATION	04-06-2001 0845	04-11-2001 0001
LEW	UNASSG UNASSIGNED WORK DETAIL	04-02-2001 1905	04-06-2001 0603
OKL	UNASSG UNASSIGNED HOLDOVER	03-28-2001 1715	04-02-2001 0810
THA	IND FIN PM INDUSTRIES FINISH P.M.	11-06-2000 0001	03-28-2001 0800
THA	IND FINISH INDUSTRIES FINISH	09-22-2000 0001	11-06-2000 0001
THA	ORD C ORD	08-04-2000 0001	09-22-2000 0001
THA	UNASSG UNASSIGNED WORK DETAIL	07-06-2000 1000	08-04-2000 0001
OKL	UNASSG UNASSIGNED HOLDOVER	07-03-2000 1640	07-06-2000 0710

G0000 TRANSACTION SUCCESSFULLY COMPLETED



UNITED STATES GOVERNMENT

memorandum

FEDERAL BUREAU OF PRISONS

UNICOR FEDERAL PRISON

INDUSTRIES

Federal Correctional Institution, McKean

Bradford, Pennsylvania

September 1, 2006

MEMORANDUM FOR DOUG GOLDRING, ASSISTANT GENERAL COUNSEL, FPI

FROM:

Tim Holohan
Tim Holohan, System Accountant

SUBJECT:

FPI Form 96

The original (attached) Form 96 dated August 20, 2004 for Inmate Hill, Kenny, reg. no. 17110-016 was a carbon form and is not legible. We are attaching a hand written replication of the Form 96 which can be easily read.

Please advise us if you would like us to proceed differently.

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report
☐

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☐

3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19
 Enter 3 For Completion, Complete Items 4 - 6, 19
 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 - 22

☐

4. Register Number

☐

5. Resident Name (Last, First, Middle)

☐

6. Institution Code

Action RecommendedFrom:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 = Hourly
 2 = G.P.W.
 3 = P.W.
 X = Apprentice

19. Effective Date
Month, Day, Year
☐

20. Time Of Action

☐

21. Check One: AM PM

☐
☐

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

☐

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

☐

24. Date Of Enrollment Month, Day, Year

☐

25. Total Inmate Hours Involved

26. Signatures:

Recommended By _____ Foreman

Date: _____

Approved By _____ Plant Superintendent

Date: _____

Approved By _____ Ass't Supt. Or Business Mgr.

Date: _____

Entered On Payroll Records _____ Timekeeper

Date: _____



UNICOR

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report

3	1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
3	2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3	3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number	5. Resident Name (Last, First, Middle)	6. Institution Code
17110-016	HILL KENNY	231

Action Recommended

From:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
012	4	MICAT	1	7169687054	MOTOR WORK ISHOP/AAWD

1 = Hourly
2 = G.P.W.
3 = P.W.
X = Apprentice

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
19. Effective Date Month, Day, Year		20. Time of Action		21. Check One: AM PM	
08-20-04		0710		X	

3 22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

☐ 23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

☐ 24. Date Of Enrollment Month, Day, Year

☐ 25. Total Inmate Hours Involved

26. Signatures:

Recommended By _____ Foreman	Date: _____
Approved By _____ Plant Superintendent	Date: _____
Approved By _____ Ass't Supt. Or Business Mgr.	Date: _____
Entered On Payroll Records _____ Timekeeper	Date: _____

**UNICOR**

Federal Prison Industries, Inc.

Industrial Employment/IPRS Action Report

3	1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3
1	2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
2	3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number		5. Resident Name (Last, First, Middle)
1 7 1 1 0 - 0 1 6		H I L L , K E N N Y
		6. Institution Code
		2 3 1

Action RecommendedFrom:

7. Job Number	8. Grade 1 - 4	9. Industry Code	10. Wage Plan	11. Dot Code	12. Position Title
0 1 2	4	M C F T	1	7 6 9 6 8 7 9 3 4	W D W R K S H O P H A N D

1 = Hourly
2 = G.P.W.
3 = P.W.
X = Apprentice

To:

13. Job Number	14. Grade 1 - 4	15. Industry Code	16. Wage Plan	17. Dot Code	18. Position Title
0 1					

19. Effective Date Month, Day, Year	20. Time of Action	21. Check One: AM PM
0 6 - 1 9 - 0 1	0 7 1 0	X

22. Reason For Termination Of Employment Or Withdrawal

1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs

23. Continuation of Longevity Status

1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).)

24. Date Of Enrollment Month, Day, Year

25. Total Inmate Hours Involved

26. Signatures:

Recommended By M. S. S. S. Foreman

Date: 6/21/01

Approved By Debra A. Forsyth Plant Superintendent

Date: 6/28/01

Approved By T. K. K. Ass't Supt. Or Business Mgr.

Date: 6/27/01

Entered On Payroll Records B. K. Kern Timekeeper

Date: 6/27/01



UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Federal Correctional Institution
Ray Brook, NY 12977

LAYUP II
DEPARTMENT

3-23-04
DATE

11109

NAME: HILL KENNETH
LAST FIRST

17110-016
REGISTRATION NUMBER

I REQUEST VACATION FROM 4-16 TO 4-17 (1-DAY)

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND
HAS ACCUMULATED 11.09 DAYS VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7.15 DOLLARS PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

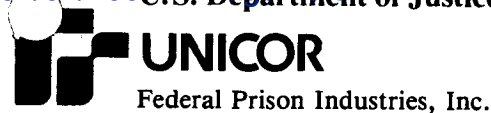
APPROVED:

DISAPPROVED

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



REQUEST FOR INMATE VACATION

Federal Correctional Institution
Ray Brook, NY 12977

LAP UP II
DEPARTMENT

3-8-04
DATE

JFK
18124

NAME: HILL LAST KENN FIRST

#17110-016
REGISTRATION NUMBER

I REQUEST VACATION FROM 3-24 TO 3-25 1-DAY

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF _____
(MUST BE ANNIVERSARY DATE).

[Signature]
INMATES SIGNATURE

APPROVED BY:
[Signature]
WORK SUPERVISOR

APPROVED BY:
[Signature]
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND
HAS ACCUMULATED 18124 HRS DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 715 HRS PER MONTH.

(1)

COMPUTED BY:
JFK
TIMEKEEPER

REVIEWED BY:
JFK
ACCOUNTANT

FINAL APPROVED BY:
[Signature]
SUPERINTENDENT

UNIT TEAM ACTION: APPROVED: _____

DISAPPROVED: _____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR

Federal Prison Industries, Inc.

Federal Correctional Institution
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

LAY UP 2

~~PAID~~
DEPARTMENT

2-18-04
DATE

2/22
10:54

HILL KENN
NAME: LAST FIRST

#17110-016
REGISTRATION NUMBER

I REQUEST VACATION FROM 3-12 TO 3-13 1-DAY

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF
(MUST BE ANNIVERSARY DATE)

[Signature]
INMATE'S SIGNATURE

APPROVED BY:
[Signature]
WORK SUPERVISOR

APPROVED BY:
[Signature]
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192004, AND
HAS ACCUMULATED 10:54 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7:15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:
[Signature]
TIMEKEEPER

REVIEWED BY:
[Signature]
ACCOUNTANT

FINAL APPROVED BY:
[Signature]
SUPERINTENDENT

UNIT TEAM ACTION: APPROVED: *[Signature]*

DISAPPROVED: _____

PLEASE STATE REASONS WHY IF DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



Federal Prison Industries, Inc.

Federal Correctional Institution
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM

TO

1-DAY

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF

(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/90, AND HAS ACCUMULATED 11.09 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED AT 7.15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED:

DISAPPROVED:

PLEASE STATE REASONS WHY IF DISAPPROVED.

SIGNATURE

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



REQUEST FOR INMATE VACATION

Federal Correctional Institution
Ray Brook, NY 12977

LAY UP II
DEPARTMENT

1-9-04
DATE

25:24

HILL LENN
NAME: LAST FIRST

17110-016
REGISTRATION NUMBER

I REQUEST VACATION FROM 1-21 TO 1-22 1-DAY

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF _____
(MUST BE ANNIVERSARY DATE).

[Signature]
INMATE SIGNATURE

APPROVED BY:

[Signature]
WORK SUPERVISOR

APPROVED BY:

[Signature]
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND
HAS ACCUMULATED 25:24 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7:15 hrs DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

[Signature]
TIMEKEEPER

REVIEWED BY:

[Signature]
ACCOUNTANT

FINAL APPROVED BY:

[Signature]
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: _____

DISAPPROVED: _____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



Federal Prison Industries, Inc.

Federal Correctional Institution
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

Lay up - 2
~~27/12/06~~
DEPARTMENT

1/5/09
DATE

1/8
25:24

NAME: HILL LAST ENDY FIRST

17110-016
REGISTRATION NUMBER

I REQUEST VACATION FROM 1-20 TO 1-21 1 DAY

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF
(MUST BE ANNIVERSARY DATE).

[Signature]
INMATES SIGNATURE

APPROVED BY:
[Signature]
WORK SUPERVISOR

APPROVED BY:
[Signature]
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192004, AND
HAS ACCUMULATED 25.4 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7.15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:
[Signature]
TIMEKEEPER

REVIEWED BY:
[Signature]
ACCOUNTANT

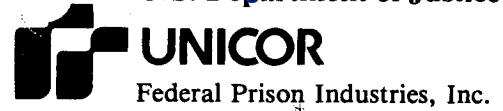
FINAL APPROVED BY:
[Signature]
SUPERINTENDENT

UNIT TEAM ACTION: APPROVED: _____ DISAPPROVED: _____

PLEASE STATE REASONS WHY IF DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



Federal Correctional Institution
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

DEPARTMENT

11-7-03
DATE

2-DAYS

NAME:

LAST

FIRST

REGISTRATION NUMBER

25129

I REQUEST VACATION FROM 11-26 to 11-28 2 DAYS

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF _____
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/2001, AND
HAS ACCUMULATED 25.24 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7.15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: _____

DISAPPROVED _____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

From: Tim Holohan
To: Mincemoyer, Chris
Date: 10/22/03 10:20AM
Subject: Award Day

Chris,

Can you accept this as granting an on the spot award day fro Kenny Hill (2nd shift)?

He suggested a safety issue to us on the lay-up line regarding placing non-skid material on either side of the elevated platform.

I told Hill he could use this on Thursday, October 23, 2003.

WAC

Thanks,
Tim

17110-016

lay 2

10:54

7:15

~~17:69~~

18:09

W

FILE



UNICOR

Federal Prison Industries, Inc.

Federal Correctional Institution
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

DEPARTMENT

8-29-03

DATE

9/3
25124

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM

9-15 TO 9-16-03 1 DAY

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF

(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/02, AND
HAS ACCUMULATED 25.24 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7.15 hrs DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED:

DISAPPROVED

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



U.S. Department of Justice

UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

Low 2
DEPARTMENT

6-19-03
DATE

6/20
18:09

Hill, Kenny
NAME: LAST FIRST

17110-016
REGISTRATION NUMBER

I REQUEST VACATION FROM 7/17/03 TO 7/19/03 (2 days)

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF _____
(MUST BE ANNIVERSARY DATE).

[Signature]
INMATES SIGNATURE

APPROVED BY: [Signature]
WORK SUPERVISOR

APPROVED BY: [Signature]
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND
HAS ACCUMULATED 18:09 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7:15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY: [Signature]
TIMEKEEPER

REVIEWED BY: [Signature]
ACCOUNTANT

FINAL APPROVED BY: [Signature]
SUPERINTENDENT

UNIT TEAM ACTION: APPROVED: _____

DISAPPROVED: _____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

2074/2
DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM _____ TO _____

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF _____
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

W. Keith
WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192001, AND
HAS ACCUMULATED 25.24 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7.15 ^{hrs} DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

AK
TIMEKEEPER

REVIEWED BY:

JK
ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: _____

DISAPPROVED _____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR

Federal Prison Industries, Inc.

Federal Correctional Institution
Ray Brook, NY 12977

REQUEST FOR INMATE VACATION

LAYUP
DEPARTMENT

12-6-02
DATE

25:24

HILL KENNETH
NAME: LAST FIRST

17110-016
REGISTRATION NUMBER

I REQUEST VACATION FROM 12-20 TO 12-23

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF
(MUST BE ANNIVERSARY DATE)

INMATES SIGNATURE

APPROVED BY:

WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19/2001, AND
HAS ACCUMULATED 25:24 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7:15 hrs DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

TIMEKEEPER

REVIEWED BY:

ACCOUNTANT

FINAL APPROVED BY:

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED:

DISAPPROVED

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

I Layup 2
~~DEPARTMENT~~

9-16-02
DATE

9/30/02
18:09

NAME:

LAST

FIRST

17110-016
REGISTRATION NUMBER

I REQUEST VACATION FROM 10-10 TO 10-12 2 00-15

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF 2
(MUST BE ANNIVERSARY DATE).

[Signature]
INMATES SIGNATURE

APPROVED BY:

[Signature]
WORK SUPERVISOR

APPROVED BY:

[Signature]
DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 2001, AND
HAS ACCUMULATED 18:09 hrs DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7:15 hrs DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

[Signature]
TIMEKEEPER

REVIEWED BY:

[Signature]
ACCOUNTANT

FINAL APPROVED BY:

[Signature]
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: _____

DISAPPROVED: _____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

DATE _____

LAST

REGISTRATION NUMBER

I REQUEST VACATION FROM 7-1-76 TO 7-6-76 1 Day

***I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF (MUST BE ANNIVERSARY DATE).**

INMATES SIGNATURE

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 1926, AND HAS ACCUMULATED 70.54 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED AT 7.15 DAY PER MONTH.

(1/2) (1)

FINAL APPROVED BY:

SUPERINTENDENT

DISAPPROVED_____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

100-106
DEPARTMENT

5-31-02
DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM 6-17 TO 6-20

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF _____
(MUST BE ANNIVERSARY DATE).

[Signature]
INMATES SIGNATURE

APPROVED BY:

[Signature]
WORK SUPERVISOR

APPROVED BY:

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE _____ 19____, AND
HAS ACCUMULATED _____ DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT _____ DAY PER MONTH.

(½) (1)

COMPUTED BY:

[Signature]
TIMEKEEPER

REVIEWED BY:

[Signature]
ACCOUNTANT

FINAL APPROVED BY:

[Signature]
SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: _____

DISAPPROVED: _____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)



UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

LAY UP

DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM 2-1-12 TO 2-1-12 2 DAYS

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF _____
(MUST BE ANNIVERSARY DATE).

INMATES SIGNATURE

APPROVED BY:

APPROVED BY:

WORK SUPERVISOR

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 6/19 192009, AND
HAS ACCUMULATED 2535 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED
AT 7.15 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

REVIEWED BY:

FINAL APPROVED BY:

TIMEKEEPER

ACCOUNTANT

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED: _____

DISAPPROVED: _____

PLEASE STATE REASONS WHY IF
DISAPPROVED.

SIGNATURE _____

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.
(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE: 6-22-01

TO: Mr. Sapko, Factory Manager
(Name and title of officer)

Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like to move to the P.M. shift due to my Am. Drug & Alcohol 40 hr. program with Ms. Jessica Hayes. That program is twice a week. Also, I have to attend the G.E.D. class everyday from 2^{pm} to 3^{pm} recall. Mr. Sapko, I'm hoping you take this in consideration.

Respectfully (ours),

POSTED

Name: Kenny Hill

No.: 17110-016

Work assignment: Packing Department

Unit: BA-235L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE: _____

*OK
6/22/01*

*OK.
D. English
Lay-up-2*

*MOVE FROM
PACK I
TO
LAYUP 2
7/5/01*



UNICOR

Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

DEPARTMENT

DATE

NAME:

LAST

FIRST

REGISTRATION NUMBER

I REQUEST VACATION FROM TO

1 day

*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF (MUST BE ANNIVERSARY DATE).

INMATE'S SIGNATURE

APPROVED BY:

APPROVED BY:

WORK SUPERVISOR

DEPARTMENT HEAD

BUSINESS OFFICE:

THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE 1981, AND HAS ACCUMULATED 118 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED AT 1 DAY PER MONTH.

(1/2) (1)

COMPUTED BY:

REVIEWED BY:

FINAL APPROVED BY:

TIMEKEEPER

ACCOUNTANT

SUPERINTENDENT

UNIT TEAM ACTION:

APPROVED:

DISAPPROVED:

PLEASE STATE REASONS WHY IF DISAPPROVED.

SIGNATURE

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

INST: MC FACT: FT GROUP: ft 0 CREW: PACKING

Name: HILL, KENNY Grade: 5
Reg-num: 17110-016

	Amount	Hours		
Standard Pay	\$ 12.13	52:45	Date Computed	07/02/01
Group Incentive Pay	0.00	0:00	Anniversary Date	06/19/01
Indiv. Incentive Pay	0.00	0:00	Longevity Months	8
Overtime Premium Pay	0.00	0:00	UNICOR Work Months	1
Holiday Pay	0.00	0:00	Accrued Vacation Hours	003:45
Administrative Pay	0.58	2:30	Prev Yrs Vacation Hours	000:00
Vacation Taken Pay	0.00	0:00	Unpaid Call-out Hours	12:15
Vacation Cashed Pay	0.00	0:00	Rework Hours	0:00
Lost Time Wage	0.00	0:00	Unpaid Off-std Hours	0:00
Premium Pay	0.00		Final Pay?	NO
Longevity Pay	0.00			
Gross Pay	12.71			
Adjustments	0.00			
Net Pay	\$ 12.71	55:15		

Chris / Davis -

Please check
Grade. Was Grade 4
prior. If no +
correct, please get with
him.

Thanks,

Tim H.

P.S. Can Davis check
his longevity also.

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO

DATE: 6-20

TO: Mr. Sapko, Factory Manager
(Name and title of officer)

Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done.

I would like to move to the P.M. due to my am. drug alcohol 40 hr. with Mrs. Jessica Hayes. That program is twice a week. Also, I have to attend the G.E.D. class everyday from 2^{pm} to 3^{pm} recall Mr. Sapko, I'm hoping you take this in consideration.

Respectfully (ours),

Name: Kenny Hill

No.: 17110-016

Work assignment: Packing Department

Unit: BA-235L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE: _____

*OK
6/22/01*

*OK.
D. English
LAY-UP-2*

*MOVE FROM
PACK I
TO
LAYUP 2
7/5/01*

UNICOR

(FCI McKean)

"Notice of Unsatisfactory Work Performance"

To: Hill, Kenny Number: 17110-016 Date: 9-22-03

(Name Last, First)

UNICOR McKean start date: _____ Current Grade: 4 Unit: B-A

This is to advise you of your unsatisfactory work performance on: 9-22-03

Specifically: Inmate Hill #17110-016, was late returning from the evening meal. The return time to report back to work was 5:40pm, inmate Hill did not return to work until 5:47pm, this making him 7 minutes late.

Supervisor's Recommendation:

- 1) Written Warning YES
- 2) Grade Reduction from _____ to _____; No. of days _____
- 3) Job Change _____
- 4) Removal * _____
- 5) Other _____

* Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendations for "Removal" must be approved by the Superintendent of Industries.

[Signature]
Inmate signature

Date

[Signature]
Staff signature

9-22-03

Date

Final disposition : _____

Superintendent of Industries

Date

UNICOR

(FCI McKEAN)

"Notice of Unsatisfactory Work Performance"

Name: Hill Kenny Number: 17110-016 Date: 9/8/03
(Last, First)

UNICOR McKean start date: _____ Current Grade: _____ Unit: _____ This is to advise you of your unsatisfactory work performance on: _____

Specifically: On 9/4/03 At 10:40pm, Inmate Hill
Attempted to leave UNICOR with a 16 oz
Bottle of pine oil. He said he was going to
Use this to clean his room.

Supervisor's Recommendation:

- 1) Written Warning ☒ _____
2) Grade Reduction from _____ to _____; No. of days _____
3) Job Change _____
4) Removal ** _____
5) Other: _____

** Third offenses, whether related acts, or not, automatically require the recommendation for "Removal". All recommendations for "Removal" must be approved by the Superintendent of Industries.

NOTE: Your signature is not an admission of guilt. It merely indicates that you have been counselled concerning this matter.

Kenny Hill 9-8-03
Inmate Signature Date

[Signature] 9/8/03
Staff/Signature Date

Final disposition: _____

Employee Work History

NAME: Hill, KENNY NO. # 17110-016HIRE DATE: 06/19/01 Prior UNICOR Credit Accepted: 07 MonthsYear 2002

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	15	7:15		25:39	
Feb	16	7:15	14:30	25:39	VAC 7/4, 7/5 Error + 7:30 UNICOR
Mar	17	7:15	7:30	25:24	↓
Apr	18	7:15		32:39	
May	19	7:15		39:54	
Jun	20	7:15	29:00 + 7:15	10:54	VAC 6/2 6/18 6/19 6/20 6/21
Jul	21	7:15	7:15	10:54	VAC 7/5 7/6 7/7
Aug	22	7:15		18:09	
Sep	23	7:15	7:15	18:09	VAC 9/16 9/17
Oct	24	7:15	14:30	10:54	VAC 10/11 10/12 10/13
Nov	25	7:15		18:09	
Dec	26	7:15	7:15 + 7:15	10:54	VAC 12/20 12/21 12/22

Year 2003

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	27	7:15 + 7:15		EX-11 18:09	
Feb	28	7:15 + 7:15	7:15 + 7:15	7:15 10:54	VAC 2/4 2/5
Mar	29	7:15 + 7:15		7:15 + 18:09	7/5
Apr	30	7:15 + 7:15	2:15	7:15 3:39	VAC 4/14 4/15 4/16
May	31	7:15 + 7:15		7:15 + 10:54	
Jun	32	7:15 + 7:15		7:15 + 18:09	
Jul	33	7:15 + 7:15	14:30	7:15 + 10:54	VAC 7/17 7/18
Aug	34	7:15 + 7:15		7:15 + 18:09	
Sep	35	7:15 + 7:15	2:30 + 7:15	7:15 + 10:54	VAC 9/15 9/16
Oct	36	7:15 + 7:15	7:15	7:15 + 18:09	VAC 10/23
Nov	37	7:15 + 7:15	14:30	7:15 + 10:54	VAC 11/26 11/27
Dec	38	7:15 + 7:15		7:15 + 18:09	

Year 2004

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan	39	7:15 + 7:15	7:15 + 7:15	7:15 + 10:54	VAC 1/20 1/21
Feb	40	7:15 + 7:30	7:15	7:15 + 10:54 + 11:09	VAC 2/13 2/14
Mar	41	7:15 + 7:15	7:15 + 7:15	7:15 + 3:54	VAC 3/12 3/14
Apr	42	7:15 + 7:15	7:15	7:15 + 3:54	VAC 4/16
May	43	7:15 + 7:15		7:15 + 11:09	
Jun	44	7:15 + 7:15	7:15	7:15 + 11:09	VAC 6/2
Jul	45	7:15 + 7:15		7:15 18:24	
Aug			7:15 + 7:15		VAC 8/3 8/4
Sep					
Oct					
Nov					
Dec					

Employee Work HistoryName: Hill, KennyNo. #17110-016Hire Date: 06/19/01Prior UNICOR Credit Accepted: 07 MonthsYear: 2000

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

Year: 2001

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun	08	3:45		3:45	
Jul	9	3:45		7:30	
Aug	10	3:38	7:15	3:53	VAC 8/24
Sep	11	3:38		7:31	
Oct	12	3:38		11:09	
Nov	13	7:15	7:15	11:09	VAC 11/26
Dec	14	7:15		18:24	

GED N

L 7

Enrolled
MED CLASS
5-14-01MCK2G 531.01 *
PAGE 001 OF 001 *INMATE HISTORY
WRK DETAIL* 06-15-2001
* 14:48:22REG NO.: 17110-016 NAME: HILL, KENNY
CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	ORD B A	ORDERLY BA	04-12-2001 0001	CURRENT
MCK	UNASSG	UNASSIGNED	04-11-2001 0001	04-12-2001 0001
MCK	A&O	ADMISSION & ORIENTATION	04-06-2001 0845	04-11-2001 0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	04-02-2001 1905	04-06-2001 0603
OKL	UNASSG	UNASSIGNED HOLDOVER	03-28-2001 1715	04-02-2001 0810
THA	IND FIN PM	INDUSTRIES FINISH P.M.	✓ 11-06-2000 0001	03-28-2001 0800 4
THA	IND FINISH	INDUSTRIES FINISH	✓ 09-22-2000 0001	11-06-2000 0001 3
THA	ORD C	ORD	08-04-2000 0001	09-22-2000 0001
THA	UNASSG	UNASSIGNED WORK DETAIL	07-06-2000 1000	08-04-2000 0001
OKL	UNASSG	UNASSIGNED HOLDOVER	07-03-2000 1640	07-06-2000 0710

G0000

TRANSACTION SUCCESSFULLY COMPLETED

pract

6/19/01

CK

pract

MCK2G * INMATE DISCIPLINE DATA * 06-15-2001
PAGE 001 OF 001 * CHRONOLOGICAL DISCIPLINARY RECORD * 14:48:07
REGISTER NO: 17110-016 NAME...: HILL, KENNY
FUNCTION...: PRT FORMAT: CHRONO LIMIT TO ____ MOS PRIOR TO 06-15-2001

G5401 DISCIPLINE DATA DOES NOT EXIST FOR THIS INMATE